



HQ USCENTAF



MEDICAL READINESS: CENTAF PERSPECTIVE

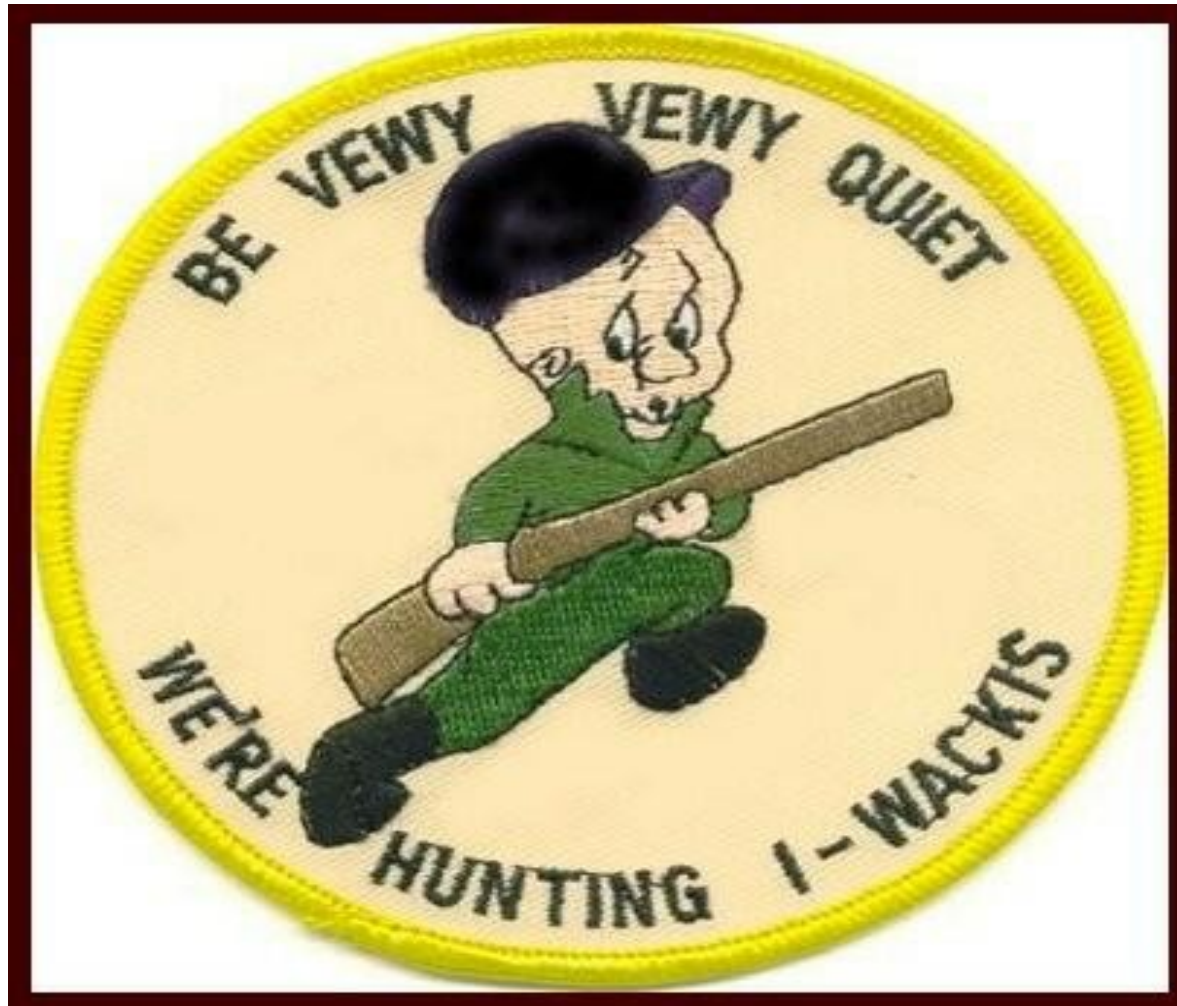
Col James Sammons
CENTAF/SG (F)



OVERVIEW



- **Operational Overview**
 - **Challenges encountered at execution**
 - **Base-level readiness functions and their impact on theater operations**
 - **Readiness lessons learned from OEF/OIF**
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OPERATIONAL OVERVIEW



- **75,000 personnel supported at 24 AF beddowns**
 - **3300 medics (2770 OIF/530 OEF)**
 - **58 Air Force Specialty Codes**
 - **1370 STON's (1% of AF total)**
 - **\$108M equipment/supplies**
 - **800 ULN's**
 - **>100,000 patients treated**
 - **Lowest DNBI rate ever**
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OPERATION OVERVIEW



- **“Absolutely phenomenal” - CFACC**
 - **EMEDS concept validated**
 - **Victims of our own success**
 - **Opportunities for improvement**
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EMEDS VALIDATED



- **First major deployment of EMEDS**
 - **Outstanding concept**
 - **Small footprint**
 - **Efficient AND effective**
 - **Flexible**
 - **BUT...requires reliable, on-time airlift**
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TRANSPORTATION ISSUES





MOVEMENT ISSUES



- **TPFDD wasn't executed**
 - **Cargo handling at APOE's**
 - **JOPES challenges**
 - **In-Transit Visibility (ITV) challenges**
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Time-Phased Force Deployment Document

- **DoD's Force Module approach rendered TPFDD unexecutable**
 - **Max effort TPFDD had little capacity to compensate for deviations**
 - **TPFDD quickly became unviable, new TPFDD created "on the fly"**
 - **Medical UTC's ignored/lost in airlift scramble**
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TPFDD



- **Assets mal-positioned in CONUS (not at/near airheads)**
 - **Many ULN's too light for dedicated lift**
 - **All resulted in significant delays and random sequence of arrival**
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APOE's

- **Frustrated cargo at APOE**
 - **If assigned mission missed, didn't move until new RDD assigned, but didn't know there was a problem until it exceeded original RDD**
 - **Cargo often not assigned unless airlift available to final destination**
 - **Problem for new locations like Tabuk (couldn't connect the dots, so it wouldn't get moved into theater)**
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APOE's



- **ULN's fragmented (HHG phenomenon)**
 - **ULN's reconfigured/renamed**
 - **ULN's misdirected**
 - **All led to tracking problems**
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Joint Operation Planning and Execution System

- **JOPES is a cumbersome, error-prone system**
 - **Inputs required multiple attempts**
 - **“Spontaneous” error generation throughout process**
 - **Frequently had to be “locked” to restore order**
 - **Unchecked result was almost random distribution of ULN’s**
 - **Cycle time from input to airlift assignment far exceeded cycle time of beddown changes**
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JOPES



- **Type Unit Characteristics (TUCHA) file changes not updated in JOPES**
 - **Resulted in inaccurate tasking to units**
 - **Had to manually check Deployment Requirements Manning Document (DRMD) to catch errors**
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JOPES



- **Deliberate and Crisis Action Planning and Execution System (DCAPES) often doesn't process tailored UTC's correctly**
 - **Resulted in inaccurate tasking to units**
 - **More manual checking of DRMD to catch errors**
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IN-TRANSIT VISIBILITY



- **30% of ULN's never entered into databases**
 - **15% (50% in OEF) of entered data erroneous**
 - **Input errors**
 - **Last minute tail changes**
 - **Split ULN's**
 - **Bumped/lost pallets**
 - **Late detection of problems**
 - **Difficulty in identifying nature of problem**
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BOTTOM LINE



- **“Where’s my stuff?”**
 - **Arrived, but couldn’t ID UTC - unfamiliar with UTC’s (pax or equip)**
 - **Arrived, but couldn’t find on ramp**
 - **Arrived, but pallets marked incorrectly**
 - **Arrived, but pilfered by other units**
 - **Intercepted in-transit by other EMEDS**
 - **Frustrated, dumped, etc. w/o ITV**
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UNRESOLVED



Who owns in-transit cargo?





AOR LOGISTICS



- **SIMLM (theater medlog depot) ineffective and very late on the scene**
 - **Relied on reach-back (more procurement/trans options, more vested interest)**
 - **Temp sensitive resupply remained a large, unsolvable problem (esp. reagents)**
 - **Class VIII seldom given priority**
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AEF CENTER CHALLENGES



- **Late reclamation resulted in shortfalls/fragmenting**
 - **Need time limit on MAJCOM reclamation?**
 - **Fragmenting contributed to “Red Blob”**
 - **Ar’Ar’ had 12 UTCs from 10 bases**
 - **Lakenheath spread over 12 bases**
 - **Constant communication w/ AEFC important - especially when substituting; improved as time went on**
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COMMAND/CONTROL(C2



- **Formula for CC success:**
 - **Previous CC/deployment/line interaction experience**
 - **O-6 at +25, joint, or combined bases**
 - **Requests from wing/CC's (prioritized):**
 - **O-6**
 - **Doc**
 - **FS**
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COMMAND/CONTROL (C2)



- **Squadron Medical Element management**
 - **Line assets!**
 - **Lack of visibility regarding who is/is not deploying**
 - **Resulted in wasted or over-stressed assets**
 - **Wing/CC pressure to back-fill**
 - **Cooperation with in-place EMEDS**
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PRE-DEPLOYMENT



- **ART and SORTS Issues**
 - **Significant shortfalls on many (OIF)/almost every (OEF) equipment UTC**
 - **Yet, MAJCOMs reported sending only SORTS 1 packages**
 - **Inaccurate SORTS coding**
 - **ART not updated**
 - **Critical Items not identified**
 - **Optimistic CC's assessments?**
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PRE-DEPLOYMENT



- **WRM funding issues**
 - **Procrastination**
 - **WRM issues never urgent until too late**
 - **Few readiness items on CC report cards (AD)**
 - **Lack of oversight**
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PRE-DEPLOYMENT



- **Illegal Substitution**
 - Manning “faces” didn’t match the required “spaces”
 - **“Gaming”**
 - Facilities reported “full-up” with personnel, yet had no intention of deploying key staff assigned against deployable positions
 - **Readiness Officers/NCO’s**
 - Ensure personnel assigned are actually deployable
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PRE-DEPLOYMENT



- **Commanders, MRO's, UDM's:**
 - **RDD's aren't SGG's**
 - **E.g. MILAIR did not show up, members waited 10 days before contacting their unit to check on flt status**
 - **PAX movement from West Coast to East Coast was a problem**
 - **If unable to meet RDD, must let MAJCOM know**
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PRE-DEPLOYMENT



- **Commanders, MROs, UDMs:**
 - **Troops commanders not trained in assignment**
 - **Resulted in no contact with home units, MAJCOM or Theater POCs**
 - **Reporting Instructions Ignored**
 - **Improper handling/shipping of weapons, and ammo resulted in delayed DRIs**
 - **No PPE**
 - **Inadequate supplies of meds**
 - **Personnel deployed were often unfamiliar with EMEDS concept, systems or equipment**
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BASE LOGISTICS



- **Shortfalls on equipment UTC's**
 - **Inadequate funding**
 - **Inaccurate inventories**
 - **Packing**
 - **UTC's were missing placards**
 - **Many UTC's were mislabeled**
 - **Not enough manpower (4A1's) in WRM**
 - **Wrong 4A1's in the job?**
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LESSONS LEARNED





LESSONS LEARNED



■ DoD

- **Need TPFDD equivalent for Force Modules**
- **JOPES inadequate for contingencies**
 - **Streamline and trouble-shoot process**
 - **Entire cycle (input to airlift) can't exceed a few days**
- **Implement FedEx-like commercial ITV solution**

■ Air Staff

- **Centralized WRM**
 - **Better accountability**
 - **More efficient**
 - **Pre-aggregated**
 - **Slight modification of EMEDS CONOPS**
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EMEDS LL



- **Need to wean line CC's/other services from surgical everywhere (4 hrs, hot, PAR>2000)**
 - **Recommended increment thresholds:**
 - **PAM + for PAR 600 - 1500**
 - **Basic for PAR 1500 - 2500**
 - **+10 for PAR 2500 - 10,000 (adds ancillary services)**
 - **+25 for hot zone or major AE hub support**
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EMEDS LL



- **Need systems expertise on Basic (systems issues consumed us)**
 - **Comm still an issue - couldn't go secure with Iridium**
 - **STE/SIPR - don't leave home without them!**
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LESSONS LEARNED



■ **MAJCOMs**

- **Must have better communication with AEF Center**
- **Ensure shortfalls are noted in a timely fashion - holding units accountable**

■ **CENTAF**

- **Use only 1-2 APODs as final destination**
 - **Should improve ITV (fewer legs, will tend to be the same routes, experienced loggies at APOD can confirm receipt)**
 - **Provides buffer against beddown changes and diplomatic obstacles (can redirect, reprioritize in theater and re-form red wedge)**
 - **Bypasses connect-the-dots problem**
 - **Prepo all requirements for initial 30 days**
 - **Maintain reach-back capability**
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LESSONS LEARNED



■ Home Units

- **Assign qualified/competent personnel to Medical Readiness and UDM positions**
 - **ART and SORTS must be current and accurate**
 - **Assign qualified/competent personnel to deployment positions**
 - **Train personnel to the mission, equipment, systems etc...**
 - **Ensure deploying personnel and troop commanders have instructions as to**
 - **Where they are to report**
 - **When they are to report**
 - **What to do if problems arise in transit**
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LESSONS LEARNED



- **Deployed Loggies**
 - **Talk with HQ early and often**
 - **Ensure visibility and follow through on time/temperature sensitive items**
 - **Don't take the word of the APOD/ITV data, "walk the yard"**
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STARS OF THE SHOW



- **Despite challenges, AF still provided bulk of medical assets during initial phases**
 - **Phenomenal individual/team efforts**
 - **EMEDS quickly became the “go to guys” for SOF (and everyone else)**
 - **Other services quickly recreating themselves in the image of EMEDS**
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Summary



- **Transportation issues were the limiting factor for the EMEDS concept**
 - **Still provided the bulk of medical assets during initial phase**
 - **All-star performance by medics**
 - **EMEDS is the DoD benchmark**
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Laura Rauch / AP







QUESTIONS?
